U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 10/26	2. Fiscal Year Covered From:			
	///			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name ALAN EPIKER	Name COMMUNICATIONS WORKERS OF AMERICA			
-	Labor Organization File Number 000, 188			
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any 5VITE 114			
Street 547 MARMIK CIRCLE	Street 4010 WEST G5TH STREET			
City HASTINGS	City MINNEAPOLIS			
State MINNE50TA ZIP Code + 4 55033	State MINNESOTA ZIP Code + 4 55435			
5. Position in labor organization. 5 TAFF REP.				
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name SEE ATTACHED	SEE ATTACHED			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	7.b. Amount.			
Street	SEE ATTACHED			
Ch.				
City				
State ZIP Code + 4				
Signature of the second of the process of the second of th				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
signed Alan E Piker	On 3/2/06 651-437-7515 Date Telephone Number			

PART A ATTACHMENT

Qwest Communications1801 California St.Denver Colorado 80202

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<u>7a.</u>	Expenses for Qwest - CWA Union President's Meeting hosted by the Company on Feb 8th and Feb 9th, 2005	<u>7b.</u>
	Airfare from Minneapolis, MN to/from Denver, CO	\$ 259.30
	Hotel Sleeping Room in Denver - One Night	\$ 97.76
	Dinner Meal	\$ 40.00
	Lunch Meal	\$ 28.00

Expense Total - **\$425.06**